

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective December 29, 1999

Application or Docket Number

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	35 minus 20=	* 15
INDEPENDENT CLAIMS	12 minus 8=	* 4
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 23	Minus	** 35
Independent	* 12	Minus	*** 12	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY  
OR

RATE	FEES	RATE	FEES
	345.00		690.00
OR		OR	
X\$ 9=	135.00	X\$18=	
X39=	160.00	X78=	
+130=		+260=	
TOTAL		OR TOTAL	

SMALL ENTITY

OTHER THAN  
SMALL ENTITY  
OR

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
OR		OR	
X39=		X78=	
+130=		+260=	
TOTAL		OR TOTAL	
ADDITIONAL FEE		ADDITIONAL FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 23	Minus	**
Independent	* 12	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE  
ADDITIONAL  
FEE

RATE  
ADDITIONAL  
FEE

RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	X\$18=
X39=	
+130=	
TOTAL	
ADDITIONAL FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 23	Minus	**
Independent	* 12	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE  
ADDITIONAL  
FEE

RATE  
ADDITIONAL  
FEE

RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	X\$18=
X39=	
+130=	
TOTAL	
ADDITIONAL FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1 previously paid for (Total or Independent)

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective November 10, 1998

Application or Docket Number

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	24	25 minus 20= * /
INDEPENDENT CLAIMS	8	9 minus 3 = * /
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY  
OR

RATE	FEES	RATE	FEES
	380.00	OR	760.00
X\$ 9=		OR	X\$18= 18
X39=		OR	X78= 78
+130=		OR	+260=
TOTAL		OR	TOTAL 856

OTHER THAN  
SMALL ENTITY  
OR

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE  
ADDITIONAL FEE

RATE  
ADDITIONAL FEE  
OR

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE  
ADDITIONAL FEE

RATE  
ADDITIONAL FEE  
OR

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: 1-22-99	2 Serial/Patent # 09/217469		
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 70
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 70
		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment		Treasury Check	
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	9 <input type="text"/> <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/>
10 REASON:			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>D. B. Sales</u>		TITLE: <u>Ex</u>	
SIGNATURE: <u>D. B. Sales</u>		PHONE: _____	
OFFICE: <u>COPIE</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>Mary Villander</u>		DATE: <u>01-26-99</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B